Substitute for form 1449/PTO (Revised 04/2003)			L	Complete if Known						
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INFORMATION DISCLOSURE			G	Group Art Unit			2874			
STATEMENT BY APPLICANT (Use as many sheets as necessary)				Examiner Name			Juliana Kang			
Sheet 1 of 1				Attorney Docket Nu		ımber				
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Examiner Initials*	Cite No.	Number - Kind Code (if known)	Publication Date MM-DD-YYYY		Name of Patentee or Applicant of Cited Document			Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear		
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